


<p>Form 990</p>  <p>Department of the Treasury Internal Revenue Service</p>	<p>Return of Organization Exempt From Income Tax</p> <p>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</p> <p>▶ The organization may have to use a copy of this return to satisfy state reporting requirements</p>	<p>OMB No 1545-0047</p> <p>2009</p> <p>Open to Public Inspection</p>
---	---	--

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010				
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ipas		D Employer identification number 56-1071085
		Doing Business As		E Telephone number (919) 967-7052
		Number and street (or P O box if mail is not delivered to street address) PO BOX 5027	Room/suite	G Gross receipts \$ 67,403,064
		City or town, state or country, and ZIP + 4 chapel hill, NC 275145001		
F Name and address of principal officer TERENCE KOMINSKI PO BOX 5027 chapel hill, NC 275145001		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW IPAS ORG				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1973	M State of legal domicile NC	

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities EDUCATE THE PUBLIC & PROMOTE & SUPPORT THE EXTENSION OF REPRODUCTIVE HEALTH SERVICES & ESTABLISH STANDARDS FOR THE PROVISION OF THESE SERVICES		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3 1	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 1	
	5	Total number of employees (Part V, line 2a)	5 16	
	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	36,834,603	47,191,402
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	174,889	523,657
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,198,072	1,479,184
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	38,207,564	49,194,243
	14	Benefits paid to or for members (Part IX, column (A), line 4)	1,621,278	1,034,069
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	16,107,574	17,724,547
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 1,342,131		0
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	19,949,678	20,097,373
	19	Revenue less expenses Subtract line 18 from line 12	37,678,530	38,855,989
			529,034	10,338,254
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	55,134,312	48,881,366
	22	Net assets or fund balances Subtract line 21 from line 20	43,409,750	26,833,096
			11,724,562	22,048,270

Part II Signature Block	
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge
	<div> <div>*****</div> <div>Signature of officer</div> </div> <div> <div>2010-12-21</div> <div>Date</div> </div>
	<div> <div>TERENCE KOMINSKI TREASURER</div> <div>Type or print name and title</div> </div>
Paid Preparer's Use Only	<div> <div>Preparer's signature</div> <div>MARTIN MAUCH</div> </div> <div> <div>Date</div> <div>2010-12-21</div> </div> <div> <div>Check if self-employed</div> <div><input type="checkbox"/></div> </div> <div> <div>Preparer's identifying number (see instructions)</div> </div>
	<div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div> <div>TAIT WELLER & BAKER LLP</div> <div>1818 MARKET STREET SUITE 2400</div> <div>PHILADELPHIA, PA 19103</div> </div> </div>
	<div> <div>EIN</div> <div>Phone no</div> </div> <div> <div></div> <div>(215) 979-8800</div> </div>

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization’s mission

IPAS IS A NON-PROFIT, NON-GOVERNMENTAL ORGANIZATION THAT WORKS GLOBALLY TO REDUCE DEATHS AND INJURIES CAUSED BY UNSAFE ABORTION AND IMPROVE WOMEN'S ABILITY TO EXERCISE THEIR REPRODUCTIVE AND SEXUAL RIGHTS THE PUBLIC-HEALTH, SOCIAL-JUSTICE, AND ECONOMIC CONSEQUENCES OF WOMEN'S LACK OF ACCESS TO SAFE, COMPREHENSIVE, REPRODUCTIVE HEALTH CARE ARE TRAGIC EACH MINUTE OF EVERY DAY, NEARLY 40 WOMEN UNDERGO UNSAFE ABORTIONS MILLIONS OF WOMEN ARE PERMANENTLY INJURED BY PROCEDURES PERFORMED BY UNSKILLED PROVIDERS AND/OR IN UNSANITARY CONDITIONS, WHICH CAN RESULT IN LONG-TERM DISABILITY AND COMPROMISED FERTILITY AND EVERY YEAR, AN ESTIMATED 65,000 TO 70,000 WOMEN - MOSTLY POOR WOMEN FROM DEVELOPING COUNTRIES - DIE AS A RESULT, AND CLOSE TO FIVE MILLION MORE SUFFER TEMPORARY OR PERMANENT INJURY

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes

☒ No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☒ Yes

☐ No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 15,356,018 including grants of \$ 286,546) (Revenue \$)

EXPANDING WOMEN'S ACCESS TO AND QUALITY OF SAFE ABORTION CARE (LARGEST AREA OF EXPENDITURES) THROUGHOUT THE FISCAL YEAR ENDED JUNE 30, 2010(FY10), IPAS CONTINUED TO PLAY A GLOBAL LEADERSHIP ROLE IN COMPREHENSIVE ABORTION CARE WHICH INCLUDES EXPANDING ACCESS TO TREATMENT OF THE COMPLICATIONS OF UNSAFE ABORTION, PROVISION OF FAMILY PLANNING, AND SAFE ABORTION CARE AS A RESULT, MORE WOMEN ARE BEING SERVED, QUALITY OF CARE IS HIGH, AND SERVICES ARE AVAILABLE IN WOMEN'S COMMUNITIES THE FOLLOWING ARE KEY RESULTS IN TRAINING AND SERVICE DELIVERY IMPROVEMENT - IN HEALTHCARE FACILITIES IN 16 COUNTRIES WHERE IPAS-TRAINED PROVIDERS SUPPORTED INFRASTRUCTURE UPGRADES AND/OR PROVIDED MANUAL VACUUM ASPIRATION (MVA)INSTRUMENTS IN FY10, AN ESTIMATED 182,336 WOMEN RECEIVED UTERINE EVACUATION (UE) PROCEDURES, A 7% INCREASE OVER FY09 AN ADDITIONAL 31,000 WOMEN RECEIVED UE SERVICES FROM PROVIDERS WHO PARTICIPATED IN IPAS-ORGANIZED TRAINING OF TRAINERS (TOT) EVENTS - IPAS PROVIDED CLINICAL TRAINING FOR 7,322 HEALTH-CARE PROFESSIONALS IN 18 COUNTRIES, OF THESE, 63% WERE HEALTH PROVIDERS WHO INTENDED TO PROVIDE UE SERVICES AFTER THE TRAINING - POSTABORTION CONTRACEPTION IN ACTIVE IPAS-SUPPORTED FACILITIES INCREASED WITH 62 PERCENT OF WOMEN WHO RECEIVED UE SERVICES RECEIVING A METHOD BEFORE DISCHARGE, UP FROM 57% IN FY09

4b

(Code) (Expenses \$ 7,187,307 including grants of \$ 1,793) (Revenue \$)

INCREASING SUSTAINABLE SUPPLY OF ABORTION-RELATED TECHNOLOGIES, PARTICULARLY MVA AND MEDICAL ABORTION (SECOND LARGEST AREA OF EXPENDITURES) IN FY10, WOMANCARE GLOBAL (WCG) CONTINUED THE PROMOTION OF MVA IN AN EFFORT TO INCREASE THE SUSTAINABLE SUPPLY OF ABORTION-RELATED PRODUCTS WHILE ENSURING THE DELIVERY OF HIGH QUALITY, AFFORDABLE, INNOVATIVE REPRODUCTIVE HEALTHCARE TECHNOLOGIES FOR WOMEN - DURING FY10, WOMANCARE GLOBAL DISTRIBUTED 173,252 ASPIRATORS AND 1,461,948 CANNULAE GLOBALLY, WITH 64 PERCENT OF ASPIRATORS AND CANNULAE GOING TO LOW-RESOURCE COUNTRIES IN AFRICA AND ASIA IT IS SIGNIFICANT TO NOTE THAT WOMANCARE GLOBAL'S FY10 DISTRIBUTION EXCEEDED ITS TARGET FOR ASPIRATORS BY FOUR PERCENT AND FOR CANNULAE BY TWO PERCENT - WOMANCARE GLOBAL INTRODUCED AN ENTERPRISE RESOURCE PLANNING PROGRAM TO CREATE A SINGLE POINT OF ACCOUNTABILITY IN ORDER TO SUPPORT MAXIMUM OPTIMIZATION AND PERFORMANCE OF SUPPLY CHAIN MANAGEMENT ON A GLOBAL SCALE IN REAL TIME, SIGNIFICANTLY IMPROVING ALL LOGISTICAL ASPECTS OF DISTRIBUTOR/CUSTOMER/MANUFACTURER RELATIONSHIPS - WOMANCARE GLOBAL INCREASED ITS FIELD HEADCOUNT TO CLOSELY MANAGE DISTRIBUTION RELATIONSHIPS WCG'S PRIMARY PARTNERS FOR INCREASING WORLDWIDE MVA ACCESS CONTINUE TO BE DISTRIBUTORS WCG WORKED WITH 66 ACTIVE DISTRIBUTORS WHO IN TURN MADE MVA INSTRUMENTS AVAILABLE IN 83 COUNTRIES - WOMANCARE GLOBAL'S FY10 MVA DISTRIBUTION WAS ALSO ENHANCED BY AN ONGOING PARTNERSHIP AGREEMENT WITH THE UNITED NATIONS POPULATION FUND (UNFPA), WHICH PURCHASED MORE THAN 3,700 ASPIRATORS AND 43,500 CANNULAE IN THE FOLLOWING COUNTRIES BENIN, COMOROS, DJIBOUTI, EAST TIMOR, EL SALVADOR, GHANA, LIBERIA, NICARAGUA, NIGER, PARAGUAY, AND SAO TOME AND PRINCIPE

4c

(Code) (Expenses \$ 6,544,771 including grants of \$ 525,579) (Revenue \$)

IMPROVING LAWS AND POLICIES FOR SAFE ABORTION CARE AND INCREASING RESOURCES TOWARD ADDRESSING UNSAFE ABORTION (THIRD LARGEST AREA OF EXPENDITURES)IPAS SUPPORTS LOCAL ADVOCATES AND POLICYMAKERS IN SELECTED COUNTRIES AROUND THE WORLD IN THEIR EFFORTS TO DECREASE DEATHS AND DISABILITIES DUE TO UNSAFE ABORTION IN FY10, WE CONTINUED TO BUILD STRONG PARTNERSHIPS WITH INTERNATIONAL, REGIONAL, AND LOCAL ORGANIZATIONS TO ENSURE AN ENABLING ENVIRONMENT FOR WOMEN'S ACCESS TO SAFE REPRODUCTIVE-HEALTH SERVICES

4d

Other program services (Describe in Schedule O) See also Additional Data for Description

(Expenses \$ 3,319,768 including grants of \$ 220,151) (Revenue \$)
















4e

Total program service expenses➤\$ 32,407,864

Form 990 (2009)

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 	11	Yes
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? 	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 	14b	Yes
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II 	15	Yes
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III 	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a79	1c	Yes
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?				
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a163	2b	Yes
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
	b If "Yes," enter the name of the foreign country IN , MX , BL , BR , NU , KE , GH , ET , NI , SF , NP See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12		10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b		
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders		11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	12	
b	Enter the number of voting members that are independent . . .	1b	12	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AL , AK , AZ , AR , CA , CO , CT , FL , GA , IL , KS , KY , ME , MD , MA , MI , MN , MS , NH , NJ , NM , NY , ND , OH , OR , PA , RI , SC , TN , UT , VA , DC , WA , WV , WI , HI , NC
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	RIAZ MULLICK DIRECTOR OF FINANCE po box 5027 CHAPEL HILL, NC 27516 (919) 967-7052

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

[illegible]

1b Total	1,382,951	0	120,293
-----------------	-----------	---	---------

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **21**

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
GUTTMACHER INSTITUTE 125 MAIDEN LANE 7TH FLR NEW YORK, NY 10038	RESEARCH SERVICES ON UNSAFE ABORTION	280,802
HOLLAND & KNIGHT 2099 PENNSYLVANIA AVE NW STE 1 WASHINGTON, DC 20006	LEGAL	268,506
EPICOR SOFTWARE CORPORATION 18200 VON KARMAN AVE STE 1000 IRVINE, CA 92612	ERP CONSULTING/IMPLEMENTATION	179,006
AFRICAN POPULATION AND HEALTH RESEARCH C PO BOX 10787-0100 GPO NAIROBI KE	RESEARCH SERVICES ON UNSAFE ABORTION	146,805
NCMNH PROJECTS C/O IPAS PO BOX 5027 CHAPEL HILL, NC 275145001	POST ABORTION CARE TRAINING	134,253
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 12		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	12,849,962			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	34,341,440			
	g	Noncash contributions included in lines 1a-1f \$ 5,343,395					
	h	Total. Add lines 1a-1f		47,191,402			
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		520,581		
4		Income from investment of tax-exempt bond proceeds . . .					
5		Royalties					
6a		Gross Rents	(i) Real (ii) Personal				
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)		3,076			3,076
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b		Less direct expenses	b				
c		Net income or (loss) from fundraising events . . .					
9a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities . . .					
10a		Gross sales of inventory, less returns and allowances	a	3,200,999			
b	Less cost of goods sold	b	1,724,333				
c	Net income or (loss) from sales of inventory . . .		1,476,666	1,476,666			
Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS		900,099	2,518	2,518		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		2,518				
12	Total revenue. See Instructions		49,194,243	1,479,184	0	523,657	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	58,253	58,253		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	975,816	975,816		
4	Benefits paid to or for members			185,293	185,292
5	Compensation of current officers, directors, trustees, and key employees	741,170	370,585		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	14,042,767	11,346,377	1,851,990	844,400
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	397,658	322,837	53,825	20,996
9	Other employee benefits	1,719,338	1,425,704	204,493	89,141
10	Payroll taxes	823,614	592,380	156,767	74,467
11	Fees for services (non-employees)				
a	Management				
b	Legal	704,655	366,791	337,864	
c	Accounting	260,256	176,256	84,000	
d	Lobbying	35,992	35,992		
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	6,102,528	5,642,191	431,344	28,993
12	Advertising and promotion	355,747	337,180	15,274	3,293
13	Office expenses	1,857,780	1,571,812	268,221	17,747
14	Information technology	585,193	259,002	326,191	
15	Royalties				
16	Occupancy	1,329,392	427,843	901,549	
17	Travel	3,448,472	3,103,370	304,241	40,861
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,604,109	1,564,069	22,331	17,709
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	304,526		304,526	
23	Insurance	208,338	93,794	114,544	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	TRAINING	2,409,845	2,409,845		
b	PROGRAM INSTRUMENTS	339,451	339,451		
c	STAFF DEVELOPMENT	100,396	49,412	50,935	49
d	BANK CHARGES	86,694	52,190	34,504	
e	PRODUCT REGISTRATION	86,533	86,533		
f	All other expenses	277,466	800,181	-541,898	19,183
25	Total functional expenses. Add lines 1 through 24f	38,855,989	32,407,864	5,105,994	1,342,131
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			27,971,607	1	26,824,245
	2	Savings and temporary cash investments			7,968,957	2	2,557,772
	3	Pledges and grants receivable, net			3,791,772	3	1,346,334
	4	Accounts receivable, net			634,614	4	1,169,154
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			1,029,068	8	1,208,968
	9	Prepaid expenses and deferred charges			289,970	9	637,310
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	4,070,084			
	b	Less accumulated depreciation	10b	2,672,763	979,826	10c	1,397,321
	11	Investments—publicly traded securities			12,151,789	11	13,338,325
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			316,709	15	401,937
	16	Total assets. Add lines 1 through 15 (must equal line 34)			55,134,312	16	48,881,366
Liabilities	17	Accounts payable and accrued expenses			3,593,694	17	4,368,162
	18	Grants payable				18	
	19	Deferred revenue			39,803,985	19	22,452,863
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			12,071	25	12,071
	26	Total liabilities. Add lines 17 through 25			43,409,750	26	26,833,096
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			11,724,562	27	22,048,270
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			11,724,562	33	22,048,270
	34	Total liabilities and net assets/fund balances			55,134,312	34	48,881,366

Part XI **Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
b Were the organization's financial statements audited by an independent accountant?	Yes	
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization ipas	Employer identification number 56-1071085
----------------------------------	--

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	20,145,031	26,180,475	32,720,073	36,834,603	47,191,402	163,071,584
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	20,145,031	26,180,475	32,720,073	36,834,603	47,191,402	163,071,584
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						93,918,866
6 Public Support. Subtract line 5 from line 4						69,152,718

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	20,145,031	469,723	32,720,073	36,834,603	47,191,402	163,071,584
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	388,789	469,723	410,868	242,579	520,581	2,032,540
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	34,728	84,835	58,674	9,467	2,518	190,222
11 Total support (Add lines 7 through 10)						165,294,346

12

Gross receipts from related activities, etc (See instructions)

12

11,187,571

13

First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	41 840 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	42 660 %

- 16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization
- 18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public
Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization ipas	Employer identification number 56-1071085
----------------------------------	--

Part I-A

Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1
- Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2
- Political expenditures ▶ \$
- 3
- Volunteer hours

Part I-B

Complete if the organization is exempt under section 501(c)(3).

- 1
- Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2
- Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3
- If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a
- Was a correction made? ☐ Yes ☐ No
- b
- If "Yes," describe in Part IV

Part I-C

Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1
- Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ \$
- 3
- Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4
- Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5
- State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		608													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		35,384													
c Total lobbying expenditures (add lines 1a and 1b)		35,992													
d Other exempt purpose expenditures		38,819,997													
e Total exempt purpose expenditures (add lines 1c and 1d)		38,855,989													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000													
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000													
h Subtract line 1g from line 1a If zero or less, enter -0-		0													
i Subtract line 1f from line 1c If zero or less, enter -0-		0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount		1,000,000	1,000,000	1,000,000	3,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					4,500,000
c Total lobbying expenditures		62,802	97,815	35,992	196,609
d Grassroots non-taxable amount		250,000	250,000	250,000	750,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,125,000
f Grassroots lobbying expenditures				608	608

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?			
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
	c Media advertisements?			
	d Mailings to members, legislators, or the public?			
	e Publications, or published or broadcast statements?			
	f Grants to other organizations for lobbying purposes?			
	g Direct contact with legislators, their staffs, government officials, or a legislative body?			
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
	i Other activities? If "Yes," describe in Part IV			
	j Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization ipas	Employer identification number 56-1071085
---	---

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)<input type="checkbox"/> Preservation of an historically importantly land area<input type="checkbox"/> Protection of natural habitat<input type="checkbox"/> Preservation of certified historic structure<input type="checkbox"/> Preservation of open space</div>											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶											
4	Number of states where property subject to conservation easement is located ▶											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>											
6	Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>											
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	▶ \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	▶ \$

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain why in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

(ii)

related organizations

3a(i)

Yes

No

3a(ii)

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,260,743	215,150	1,045,593
d Equipment		2,809,341	2,457,613	351,728
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				1,397,321

Schedule D (Form 990) 2008

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶		

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	

(a) Description of Liability	(b) Amount
Federal Income Taxes	
DEPOSIT	12,071
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	12,071

Schedule D (Form 990) 2008

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	149,194,243
2	Total expenses (Form 990, Part IX, column (A), line 25)	238,855,989
3	Excess or (deficit) for the year Subtract line 2 from line 1	310,338,254
4	Net unrealized gains (losses) on investments	4-14,546
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9-14,546
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	1010,323,708

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	150,904,030
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments	2a-14,546
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV)	2d1,724,333
e	Add lines 2a through 2d	2e1,709,787
3	Subtract line 2e from line 1	349,194,243
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV)	4b
c	Add lines 4a and 4b	4c0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	549,194,243

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	140,580,322
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Losses reported on Form 990, Part IX, line 25	2c
d	Other (Describe in Part XIV)	2d1,724,333
e	Add lines 2a through 2d	2e1,724,333
3	Subtract line 2e from line 1	338,855,989
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV)	4b
c	Add lines 4a and 4b	4c0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	538,855,989

Part XIV Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b		
Identifier	Return Reference	Explanation
Part XII, Line 2d - Other Adjustments		COST OF GOODS SOLD 1724333
Part XIII, Line 2d - Other Adjustments		COST OF GOODS SOLD 1724333

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ipas

Employer identification number
56-1071085

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	1	4	PROGRAM SERVICES	TRAINING HEALTH-CARE WORKERS TO PROVIDE SAFE POSTABORTION CARE SERVICES AND IMPROVING HEALTH SERVICE DELIVERY TO MAKE CARE SAFER AND MORE ACCESSIBLE FOR WOMEN AND LESS COSTLY TO HEALTH SYSTEMS, INCREASING THE AVAILABILITY OF REPRODUCTIVE-HEALTH TECHNOLOGIES, AND REDUCING BARRIERS TO SERVICE ACCESS	681,384
EAST ASIA AND THE PACIFIC	1	5	PROGRAM SERVICES	TRAINING HEALTH-CARE WORKERS TO PROVIDE SAFE, LEGAL ABORTION AND/OR POSTABORTION CARE SERVICES AND IMPROVING HEALTH SERVICE DELIVERY TO MAKE ABORTION CARE SAFER AND MORE ACCESSIBLE FOR WOMEN AND LESS COSTLY TO HEALTH SYSTEMS, AND INCREASING THE AVAILABILITY OF REPRODUCTIVE-HEALTH TECHNOLOGIES	340,051
EUROPE			PROGRAM SERVICES	TRAINING HEALTH-CARE WORKERS TO PROVIDE SAFE, LEGAL ABORTION AND/OR POSTABORTION CARE SERVICES AND IMPROVING HEALTH SERVICE DELIVERY TO MAKE ABORTION SAFER AND MORE ACCESSIBLE FOR WOMEN AND LESS COSTLY TO HEALTH SYSTEMS, INCREASING THE AVAILABILITY OF REPRODUCTIVE-HEALTH TECHNOLOGIES, AND REDUCING BARRIERS TO SERVICE ACCESS	155,512
MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	TRAINING HEALTH-CARE WORKERS TO PROVIDE SAFE, LEGAL ABORTION AND/OR POSTABORTION CARE SERVICES AND IMPROVING HEALTH SERVICE DELIVERY TO MAKE ABORTION CARE SAFER AND MORE ACCESSIBLE FOR WOMEN AND LESS COSTLY TO HEALTH SYSTEMS, AND INCREASING THE AVAILABILITY OF REPRODUCTIVE-HEALTH TECHNOLOGIES	16,817
NORTH AMERICA	1	10	PROGRAM SERVICES	GLOBAL INITIATIVES IN TRAINING HEALTH-CARE WORKERS TO PROVIDE SAFE, LEGAL ABORTION AND/OR POSTABORTION CARE SERVICES AND IMPROVING HEALTH SERVICE DELIVERY TO MAKE ABORTION SAFER AND MORE ACCESSIBLE FOR WOMEN AND LESS COSTLY TO HEALTH SYSTEMS, INCREASING THE AVAILABILITY OF REPRODUCTIVE-HEALTH TECHNOLOGIES, REDUCING BARRIERS TO SERVICE ACCESS, ENGAGING AND MOBILIZING COMMUNITIES IN WOMEN'S REPRODUCTIVE HEALTH RIGHTS, AND CONDUCTING RESEARCH TO DOCUMENT THE TOLL OF UNSAFE ABORTIONS AND THE IMPACT OF PRACTICAL SOLUTIONS	1,593,217
RUSSIA AND THE NEWLY INDEPENDENT STATES			PROGRAM SERVICES	INCREASING THE AVAILABILITY OF REPRODUCTIVE-HEALTH TECHNOLOGIES	15,974
SOUTH AMERICA	2	8	PROGRAM SERVICES	TRAINING HEALTH-CARE WORKERS TO PROVIDE SAFE, LEGAL ABORTION AND/OR POSTABORTION CARE SERVICES AND IMPROVING HEALTH SERVICE DELIVERY TO MAKE ABORTION SAFER AND MORE ACCESSIBLE FOR WOMEN AND LESS COSTLY TO HEALTH SYSTEMS, INCREASING THE AVAILABILITY OF REPRODUCTIVE-HEALTH TECHNOLOGIES, REDUCING BARRIERS TO SERVICE ACCESS, ENGAGING AND MOBILIZING COMMUNITIES IN WOMEN'S REPRODUCTIVE HEALTH AND RIGHTS, AND CONDUCTING RESEARCH TO DOCUMENT THE TOLL OF UNSAFE ABORTIONS AND THE IMPACT OF PRACTICAL SOLUTIONS	1,700,475
SOUTH ASIA	2	24	PROGRAM SERVICES	TRAINING HEALTH-CARE WORKERS TO PROVIDE SAFE, LEGAL ABORTION AND/OR POSTABORTION CARE SERVICES AND IMPROVING HEALTH DELIVERY TO MAKE ABORTION CARE SAFER AND MORE ACCESSIBLE FOR WOMEN AND LESS COSTLY TO HEALTH SYSTEMS, INCREASING THE AVAILABILITY OF REPRODUCTIVE-HEALTH TECHNOLOGIES, REDUCING BARRIERS TO SERVICE ACCESS, ENGAGING AND MOBILIZING COMMUNITIES IN WOMEN'S REPRODUCTIVE HEALTH AND RIGHTS, AND CONDUCTING RESEARCH TO DOCUMENT THE TOLL OF UNSAFE ABORTION AND THE IMPACT OF PRACTICAL SOLUTIONS	3,079,754
SUB-SAHARAN AFRICA	5	58	PROGRAM SERVICES	TRAINING HEALTH-CARE WORKERS TO PROVIDE SAFE, LEGAL ABORTION AND/OR POSTABORTION CARE SERVICES, INCREASING AVAILABILITY OF REPRODUCTIVE-HEALTH TECHNOLOGIES, ENGAGING AND MOBILIZING COMMUNITIES IN WOMEN'S REPRODUCTIVE HEALTH AND RIGHTS, CONDUCTING RESEARCH TO DOCUMENT THE TOLL OF UNSAFE ABORTION AND THE IMPACT OF PRACTICAL SOLUTIONS	11,521,948
Totals ►	12	109			19,105,132

[illegible]**Schedule F (Form 990) 2009**

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

Complete this part to provide the information required in Part I, line 2, and any additional information.

Schedule F (Form 990) 2009

Additional Data

Software ID:
Software Version:
EIN: 56-1071085
Name: ipas

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	AWARENESS RAISING OF MIDWIVES ON MEDICAL ABORTION	10,377	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	IMPLEMENT A YOUTH-FOCUSED RH PROJECT UNDER THE TITLE "REACHING THE UNDERSERVED YOUTH GROUP PROVIDING SRH INFORMATION AND SERVICES TO DEBER MARKOS UNIVERSITY STUDENTS"	5,218	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	MAPUTO PLAN OF ACTION POLICY WORK	7,500	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	MAPUTO PLAN OF ACTION POLICY WORK	7,500	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	MAPUTO PLAN OF ACTION POLICY WORK	7,500	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	CONVENING CONFERENCE ON BEHALF OF IPAS	6,709	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	CONVENING CONFERENCE ON BEHALF OF IPAS	6,291	WIRE TRANSFER			
		NORTH AMERICA	FOLLOW-UP ON ACTIVITIES OF LEGISLATORS	5,259	CHECK			
		SUB-SAHARAN AFRICA	PROVIDING GOOD QUALITY CAC SERVICES TO CLIENTS IN THE FACILITY	5,455	CHECK			
		SUB-SAHARAN AFRICA	PROVIDING GOOD QUALITY CAC SERVICES TO CLIENTS IN THE FACILITY	5,259	CHECK			
		SUB-SAHARAN AFRICA	CONDUCTING PAC/PAFP TRAINING FOR 15 PROVIDERS IN KEBBI STATE	6,071	CHECK			
		SUB-SAHARAN AFRICA	SALARIES OF PROGRAM OFFICERS HIRED FOR 4 WOMEN GROUPS FOR FIVE MONTHS	13,288	CHECK			
		SUB-SAHARAN AFRICA	1 SELECT PARTICIPANTS AND ORGANIZE A PRESS CONFERENCE STRUCTURED TO SENSITIZE PARTICIPANTS ON THE CONTINENTAL AND REGIONAL POLICY FRAMEWORK FOR SEXUAL AND REPRODUCTIVE HEALTH 2 ALLOCATE FOR IPAS A SESSION TO CONDUCT A PLENARY PRESENTATION DURING THE SENIORS OFFICIALS AND EXPERTS' MEETING 3 ALLOCATE FOR IPAS A SESSION TO CONDUCT PLENARY PRESENTATIONS AT THE HEALTH MINISTER'S CONFERENCE	40,000	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	ORGANIZING TRAINING SESSIONS FOR THE LEGAL ENTITY CIVIL SOCIETY INVOLVED IN THE PROTECTION OF WOMEN'S RIGHTS IN HEALTH	19,968	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	FIDA STAFF AND MEMBERS OF FIDA SHOULD BE SENSITIZED ON ABORTION ISSUES, UNDERSTAND THE LAW OF ABORTION IN UGANDA, HOW IT APPLIED AND ITS CONSEQUENCES AND FINALLY STRATEGIZE ON DECRIMINALIZING THE ABORTION ISSUE	15,000	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	CONSTITUTION ADVOCACY WORK IN KENYA	12,260	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO CARRY OUT MVA TRAINING IN THE REGION OF SEGOU, MALI	10,823	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	MOBILIZING AFRICAN WOMEN FOR COLLECTIVE ADVOCACY DURING THE BEJING-15 REVIEW PROCESSES SPONSORED BY UNECA	10,037	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	PROVIDING SUPPORT TO CONVENE THE AFRICA REGIONAL MIDWIVES CONFERENCE	10,000	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	ADVOCATING MIDWIVES ON REPRODUCTIVE HEALTH IN THE REGION OF GAO AND TOMBOUCTOU IN MALI	9,379	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO FACILITATE ATTENDANCE OF MIDWIVES FROM KENYA, MALAWI, MALI AND ZAMBIA IN THE FOURTH CONFERENCE FOR AFRICA MIDWIVES IN KAMPALA, UGANDA	9,355	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	FOR LITIGATION IN A CASE SEEKING TO DELETE ARTICLE 26 OF THE PROPOSED CONSTITUTION IN KENYA	8,549	CHECK			
		SUB-SAHARAN AFRICA	TO TRAIN/ORIENT MEMBERS AND ASSOCIATE MEMBERS OF THE PSZ ON THEIR ROLE IN REDUCING DEATHS FROM UNSAFE ABORTION AND WHAT ROLE THEY CAN PLAY IN MEDICAL ABORTION AND RELATED ASPECTS	7,901	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	ENGAGE IN CONSTITUTIONAL REVIEW PROCESS AND LEGISLATIVE PROCESS THROUGH MEMBERS OF THE PARLIAMENT	7,360	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	CONSTITUTION ADVOCACY WORK IN KENYA	7,000	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	CREATION AND/OR RENOVATION OF MVA ROOMS IN 23 CLINICS/HOSPITALS IN ZAMBIA	6,360	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO FACILITATE TRAVEL OF MIDWIVES FROM KENYA, MALAWI, MALI AND ZAMBIA IN THE FOURTH CONFERENCE FOR AFRICAN MIDWIVES IN KAMPALA, UGANDA	6,069	CHECK			
		SUB-SAHARAN AFRICA	PARTICIPATE BY COLLABORATING IN THE IMPLEMENTATION OF IPAS ACTIVITIES IN UGANDA	5,056	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	MIDWIVES CONFERENCE PREPARATION AND SPONSORING OF UPMA MEMBERS PRESENTING PAPERS IN THE CONFERENCE	5,056	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	ENGAGE WOMEN PARLIAMENTARIANS IN MALAWI IN DISCUSSIONS TOWARDS DECRIMINALIZING ABORTION AND EMBRACE SAFE ABORTION	5,050	WIRE TRANSFER			

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TO FUND A TRAINING OF JOURNALISTS TO EMPOWER THEM WITH INFORMATION ON SAFE ABORTION IN ORDER TO ENSURE THAT INFORMATION ON SAFE ABORTION IS DISSEMINATED WIDELY TO ENABLE WOMEN TO MAKE INFORMED DECISIONS ABOUT THEIR REPRODUCTIVE HEALTH	5,000	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	THE SUBCONTRACT IS FOR STRENGTHENING THE STRATEGIC INFORMATION, MANAGEMENT AND MONITORING AND EVALUATION (M&E) SYSTEMS OF UPMA	5,000	WIRE TRANSFER			
		RUSSIA AND THE NEWLY INDEPENDENT STATES	SUPPORT THE INTERNATIONAL CONSORTIUM FOR MEDICAL ABORTION CONFERENCE	33,005	WIRE TRANSFER			
		EUROPE	TO SUPPORT ITS LEGAL AND COMMUNICATIONS STRATEGY ACTIVITIES IN COLOMBIA AND ARGENTINA	35,000	WIRE TRANSFER			
		SOUTH AMERICA	TO SUPPORT THE CONFERENCE IN HUMAN RIGHTS AND COMPARATIVE LAW IN LATIN AMERICA AND THE CARIBBEAN	15,000	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO SUPPORT THE MAPUTO PLAN OF ACTION PROJECT	7,500	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO SUPPORT THE MAPUTO PLAN OF ACTION PROJECT	7,500	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO SUPPORT THE MAPUTO PLAN OF ACTION PROJECT	7,500	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO SUPPORT THE MAPUTO PLAN OF ACTION PROJECT	7,500	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO SUPPORT THE MAPUTO PLAN OF ACTION PROJECT	7,500	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO SUPPORT THE MAPUTO PLAN OF ACTION PROJECT	7,500	WIRE TRANSFER			
		SOUTH AMERICA	TO INQUIRE ON THE KNOWLEDGE, OPTIONS, ATTITUDES AND PRACTICES OF THE HEALTH TEAMS IN TWO HOSPITALS	6,000	WIRE TRANSFER			
		NORTH AMERICA	TO DEVELOP TWO BILINGUAL HANDOUTS AND LOGO DESIGN FOR THE LATINA YOUTH PROJECT	5,000	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	FOR COMMUNITY SENSITIZATION AND EDUCATION ON THE BILLS OF RIGHTS CHAPTER 4 SECTION 26 OF THE PROPOSED CONSTITUTION OF KENYA	5,000	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO FUND IMPLEMENTATION OF A PILOT MODEL OF ABORTION IN ONE COMMUNITY OF PAKISTAN KARACHI	9,185	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO CONTINUE TO FUND COMMUNITY OUTREACH EFFORTS TO REDUCE THE RISK OF UNWANTED PREGNANCIES AND POST ABORTION COMPLICATIONS IN KARACHI	5,296	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO CREATE AWARENESS OF ARTICLE 26 OF THE PROPOSED CONSTITUTION IN KENYA WHICH IS ON ABORTION	10,000	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO SUPPORT LOCAL LOGISTICS AT WHARC COLLECTING DATA ASSESSMENT	5,000	WIRE TRANSFER			
		SOUTH AMERICA	TO SUPPORT THE MAINTENANCE OF THE INFORMATION HOTLINE IN ARGENTINA	10,000	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	SUPPORT OF RESEARCH, ADVOCACY AND THE DEVELOPMENT OF ADVOCACY MATERIALS RELATED TO UNSAFE ABORTION IN MALAYSIA	30,000	WIRE TRANSFER			
		SOUTH AMERICA	TO SUPPORT A GROUP OF ACTIVISTS IN QUITO AND HAND OUT THE ORGANIZATION'S NEW BOOK TITLED "I DECIDED TO HAVE AN ABORTION"	10,000	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO INCREASE WOMEN'S ABILITY TO EXERCISE THEIR REPRODUCTIVE RIGHTS IN KORANGI, PAKISTAN	18,500	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO INCREASE WOMEN'S ABILITY TO EXERCISE THEIR REPRODUCTIVE RIGHTS IN KORANGI, PAKISTAN	12,265	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	CONSTITUTION ADVOCACY WORK IN KENYA	5,000	WIRE TRANSFER			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |

DLN: 93493355008040

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
ipas

Employer identification number
56-1071085

Part I

General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Yes

No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL ABORTION FEDERATION1660 L ST NW SUITE 450 WASHINGTON, DC 200362123	431097957	501(C)(3)	5,420				NAF MEMBERSHIPS FOR SECRETARIA DE SALUD'S PUBLIC HOSPITALS IN MEXICO CITY TO HAVE THE ENDORSEMENT TO PROVIDE ABORTION SERVICES
EL PUEBLO4 BLOUNT ST SUITE 200 RALEIGH, NC 27601	561934310	501(C)(3)	37,833				EDUCATION, TRAINING, COACHING AND DEVELOPING LATINO ADOLESCENTS IN SEXUALITY AND REPRODUCTIVE HEALTH
ADRENALINE FILMS164 LUDLOW ST 13 NEW YORK, NY 10002	142869010		10,000				SUPPORTS THE PRODUCTION OF A DOCUMENTARY, A QUIET INQUISITION, THAT WILL RECOUNT THE EXPERIENCE OF WOMEN
GOVERNESS FILMS125 RYERSON STREET BROOKLYN, NY 11205	320542300		5,000				TO FUND WEBSITE THAT ENCOURAGES ACTIVISM AROUND MDG 5 AMONG YOUNG PEOPLE AND ACTIVISTS

2

Enter total number of section 501(c)(3) and government organizations

3

3

Enter total number of other organizations

1

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50055P

Schedule I (Form 990) 2009

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV , appraisal, other)	(f)Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

[illegible]

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

ipas

Employer identification number

56-1071085

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div></div> <div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div> <div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ELIZABETH S MAGUIRE	(i)	232,622	0	0	9,308	0	241,930	0
	(ii)	0	0	0	0	0	0	0
TERENCE KOMINSKI	(i)	151,061	0	0	6,069	5,914	163,044	0
	(ii)	0	0	0	0	0	0	0
MARY LUKE	(i)	154,095	0	0	6,069	4,283	164,447	0
	(ii)	0	0	0	0	0	0	0
BARBARA CRANE	(i)	152,729	0	0	6,069	4,283	163,081	0
	(ii)	0	0	0	0	0	0	0
EUNICE BROOKMAN-AMISSAH	(i)	141,165	0	0	5,647	30,498	177,310	0
	(ii)	0	0	0	0	0	0	0
LEILA ADESSE	(i)	153,842	0	0	6,154	3,069	163,065	0
	(ii)	0	0	0	0	0	0	0
ANU KUMAR	(i)	145,353	0	0	6,069	7,715	159,137	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III

Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
------------	------------------	-------------

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization
ipas

Employer identification number
56-1071085

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	8	5,343,395	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	Yes	No
b	If "Yes," describe the arrangement in Part II		No
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	Yes	
b	If "Yes," describe in Part II		
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Third Party Use	Part I, Line 32b	THE SHARES OF STOCKS DONATED BY ONE OF THE DONORS IS CREDITED TO IPAS ACCOUNTS WITH WACHOVIA/WELLS FARGO SECURITIES THE VALUE IS BASED ON THE FAIR MARKET VALUE AT THE TIME OF RECEIPT OF DONATION AUTHORIZED FINANCE STAFF OF IPAS WILL ADVISE WACHOVIA/WELLS FARGO TO SELL THE STOCK WITHIN 48 BUSINESS HOURS AND DEPOSIT THE PROCEEDS DIRECTLY TO IPAS MAIN CASH INVESTMENT ACCOUNT WHEN THE STOCKS ARE SOLD, ANY DIFFERENCE BETWEEN THE COST AND FAIR MARKET VALUE AT THE TIME OF DONATION AND THE ACTUAL SALES IS BOOKED AS GAIN OR LOSS ON THE SALE

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

Name of the organization ipas	Employer identification number 56-1071085
----------------------------------	--

Identifier	Return Reference	Explanation
Form 990, Part III, line 3	Changes in Program Services	AFTER SEVERAL YEARS OF PLANNING, IPAS CREATED WOMANCARE GLOBAL (WCG) AS A SINGLE-MEMBER LIMITED LIABILITY CORPORATION (LLC) WOMANCARE GLOBAL WAS CREATED TO PROVIDE ACCESS TO HIGH-QUALITY, INNOVATIVE AND AFFORDABLE REPRODUCTIVE HEALTHCARE TECHNOLOGIES FOR CONTRACEPTION, FERTILITY AND PREGNANCY MANAGEMENT WOMANCARE GLOBAL'S MISSION IS TO EXPAND THE AVAILABILITY OF THESE TECHNOLOGIES IN BOTH PUBLIC AND PRIVATE SECTORS VIA AN ESTABLISHED GLOBAL SUPPLY CHAIN REACHING OVER 80 COUNTRIES AND GROWING, WITH PARTICULAR FOCUS ON UNDER-SERVED MARKETS IN AFRICA, ASIA AND LATIN AMERICA WOMANCARE GLOBAL IS A HYBRID BUSINESS MODEL - BUSINESS-MINDED AND MISSION-DRIVEN, COMBINING THE BEST PRACTICES OF FOR-PROFIT AND NOT-FOR-PROFIT ENTITIES WOMANCARE GLOBAL HAS REGULATORY AND QUALITY DEPARTMENTS THAT ASSURE ADHERENCE TO REGULATORY REQUIREMENTS AND GLOBAL QUALITY STANDARDS IN ADDITION TO A COMPREHENSIVE GLOBAL SALES, MARKETING AND DISTRIBUTION CHANNEL OVER THE COURSE OF WOMANCARE GLOBAL'S FIRST YEAR OF EXISTENCE, KEY ACCOMPLISHMENTS INCLUDE - BUILT STREAMLINED ORGANIZATIONAL STRUCTURE AND RECRUITED A TEAM OF EXCEPTIONAL PROFESSIONALS TO GUIDE CRITICAL FUNCTIONS SUCH AS REGULATORY, QUALITY AND LOGISTICS, SALES AND MARKETING, OPERATIONS, AND EXPANDING REGIONAL CAPACITY - SELECTED A BOARD OF DIRECTORS THAT CONVENED TWICE - COMPLETED A COMPREHENSIVE FIVE-YEAR BUSINESS PLAN, WITH STRONG AND REALISTIC STRATEGIES FOR EXPANDING THE PRODUCT PORTOLIO AND INCREASING DISTRIBUTION OF CORE TECHNOLOGIES - CONDUCTED THOROUGH ASSESSMENTS OF THE DISTRIBUTION AGREEMENTS, COST OF GOODS, AND BUSINESS STRATEGIES THAT WERE USED HISTORICALLY FOR PRODUCT PROMOTION AND DISTRIBUTION PROCESSES - NEGOTIATED CONTRACTS FOR NEW CONTRACEPTIVE AND ABORTION PRODUCT OPPORTUNITIES WITH A NUMBER OF FOR-PROFIT AND NONPROFIT PARTNERS - EXPANDED AND STRENGTHENED REGULATORY AND QUALITY DEPARTMENTS TO HANDLE A BROADER RANGE OF PRODUCTS - COMPLETED THE FIRST WOMANCARE GLOBAL INTERNATIONAL ORGANIZATION FOR STANDARDIZATION (ISO) AUDIT WITH NO COMPLIANCE ISSUES - OBTAINED THE FIRST UNITED STATES FOOD AND DRUG ADMINISTRATION 510(K) APPROVAL FOR AN IPAS PRODUCT (RIGID CANNULAE) - STRENGTHENED WORLDWIDE DISTRIBUTION CHANNELS, FORMALIZING DISTRIBUTOR CONTRACTS, AND INCREASING OVERSIGHT, MANAGEMENT AND SUPPORT OF ALL DISTRIBUTION PARTNERS - UPDATED PRODUCT PROMOTIONAL MATERIALS, INCLUDING WEBSITE, WITH WOMANCARE GLOBAL BRANDING - MET WITH A WIDE ARRAY OF PARTNERS AND STAKEHOLDERS TO INTRODUCE WOMANCARE GLOBAL AND BUILD PARTNERSHIP OPPORTUNITIES FOR THE FUTURE - EXCEEDED FORECASTED GLOBAL DISTRIBUTION TARGETS FOR THE EXISTING MVA PRODUCT PORTFOLIO
Form 990, Part VI, Section B, line 11		THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS AND SUBSEQUENTLY IS PRESENTED TO THE FULL BOARD FOR APPROVAL BEFORE FILING
Form 990, Part VI, Section B, line 12c		ON A SEMI-ANNUAL BASIS, THE BOARD OF DIRECTORS SIGNS THE CONFLICT OF INTEREST POLICY IT IS KEPT IN THE EXECUTIVE OFFICE OF THE PRESIDENT THE EXECUTIVE COMMITTEE ASSURES THAT EACH ONE IS IN COMPLIANCE WITH THE POLICY
Form 990, Part VI, Section B, line 15		IPAS ENGAGED THE SERVICES OF AN INDEPENDENT COMPENSATION CONSULTANT TO REVIEW AND SUGGEST SALARY AND SALARY RANGES APPROPRIATE FOR THE OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION BASED ON MARKET DATA AND SURVEY FINDINGS
Form 990, Part VI, Section C, line 19		THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST FINANCIALS AVAILABLE ON GUIDESTAR
FORM 990, PART XI, LINE 2C		THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPDEPENDENT ACCOUNTANT THERE HAS BEEN NO CHANGE FROM THE PRIOR YEAR

SCHEDULE R (Form 990) <small>Department of the Treasury Internal Revenue Service</small>	Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ Attach to Form 990. ▶ See separate instructions.	OMB No 1545-0047
		2009

Name of the organization ipas	Employer identification number 56-1071085
----------------------------------	--

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
WOMANCARE GLOBAL LLC PO BOX 5027 CHAPEL HILL, NC 275145001 27-0789953	Marketing and Distribution of Medical Devices and Pharmaceuticals	NC	10,475,263	5,631,397	

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
---	-------------------------	--	----------------------------	---	----------------------------------

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
---	-------------------------	---	-------------------------------------	--	---------------------------------	--	--------------------------------

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

2

If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Software ID:
Software Version:
EIN: 56-1071085
Name: ipas

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code) (Expenses \$	3,319,768	including grants of \$ 220,151) (Revenue \$)
REACHING WOMEN IN THEIR COMMUNITIES WITH INFORMATION ABOUT SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS, AVOIDING UNWANTED PREGNANCIES, AND ACCESSING SAFE ABORTION SERVICES (OTHER AREAS OF EXPENDITURE)IN FY10, IPAS STRENGTHENED EXISTING COLLABORATIONS WITH COMMUNITY-BASED ORGANIZATIONS(CBOS) AND EXPANDED REACH TO PROVIDE MORE THAN 16,000 PARTICIPANTS WITH INFORMATION ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS AND SAFE ABORTION IN 14 COUNTRIES ACROSS FOUR REGIONS WE HAVE CONTINUED TO PLACE AN INCREASED PRIORITY ON ADDRESSING THE NEEDS OF YOUNG WOMEN WHO ARE AT HIGHEST RISK OF DEATH AND INJURY FROM UNSAFE ABORTION			

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
AMY O TSUI CHAIRMAN OF THE BOARD	1 90	X		X				0	0	0
MARIE BASS VICE CHAIR	1 20	X		X				0	0	0
NJOKI NDUNGU SECRETARY	1 50	X		X				0	0	0
LIDA COLEMAN BOARD CHAIR-FINANCE COMM	2 20	X		X				0	0	0
JEMIMA A DENNIS-ANTWI BOARD MEMBER	90	X						0	0	0
TRACEY RAMSAY BOARD MEMBER	90	X						0	0	0
GABRIELA CANO AZCARRAGA BOARD MEMBER	90	X						0	0	0
JOLYNN DELLINGER BOARD MEMBER	90	X						0	0	0
NOZER SHERIAR BOARD MEMBER	60	X						0	0	0
NICKI NICHOLS GAMBLE BOARD MEMBER	90	X						0	0	0
ROLAND EDGAR MHLANGA BOARD MEMBER	90	X						0	0	0
PAUL VAN LOOK BOARD MEMBER	60	X						0	0	0
ELIZABETH S MAGUIRE PRESIDENT & CEO	37 50			X				232,622	0	9,308
TERENCE KOMINSKI TREASURER	37 50			X				151,061	0	11,983
MARY LUKE VICE PRESIDENT	37 50			X				154,095	0	10,352
BARBARA CRANE SECRETARY	37 50			X				152,729	0	10,352
EUNICE BROOKMAN-AMISSAH VP- IPAS AFRICA ALLIANCE	37 50					X		141,165	0	36,145
LEILA ADESSE DIRECTOR, IPAS BRAZIL	37 50					X		153,842	0	9,223
ANU KUMAR EXECUTIVE VP	37 50					X		145,353	0	13,784
JOAN HEALY VP- TSDI	37 50					X		125,005	0	10,965
RAFFAELA SCHIAVON DIRECTOR, IPAS MEXICO	37 50					X		127,079	0	8,181

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
TRAINING	2,409,845	2,409,845		
PROGRAM INSTRUMENTS	339,451	339,451		
STAFF DEVELOPMENT	100,396	49,412	50,935	49
BANK CHARGES	86,694	52,190	34,504	
PRODUCT REGISTRATION	86,533	86,533		